

## RETIREMENT CEREMONY - BIOGRAPHICAL SKETCH

Please fill out this form and return to this office by \_\_\_\_\_.  
The information you provide will be used to prepare your biographical sketch that will appear in the retirement ceremony program, therefore, it is important that the information is as accurate and complete as possible.

Retirement Ceremony Date: \_\_\_\_\_

Date enlisted/commissioned & source: \_\_\_\_\_

List military schools: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List civilian degrees earned and institutions attended:

(Example: Master of Science in Education from Kansas State University, Manhattan, KS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three key assignments, in order from earliest to latest (job title & complete unit address):

Note: Do not include current assignment here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overseas Tours: \_\_\_\_\_

Current Position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List awards for outstanding duty performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse & children's names:

Note: For those who won't be residing with you, please list their place of residence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area where you plan to reside after retirement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RETIREMENT DATA

**AUTHORITY:** 10 USC 3012

**PRINCIPAL PURPOSE:** To control retirement processing and to facilitate ceremonial purposes and for retirement certificate.

**ROUTINE USE:** To maintain a record of retirement addresses and telephone numbers for contacting soldiers. To facilitate retirement ceremonial functions and allow accurate typing of certificates (DD 214).

**DISCLOSURE:** Disclosure of the information by the individual is voluntary. Failure to provide necessary information may result in the soldier not being allowed to participate in the retirement ceremony or in spouse's receipt of retirement certificate.

Name		Rank	SSN	Branch
Date of Rank		Seperation Date		Retirement Date
Unit		Spouse's Name		
Duty Telephone Number		Home Telephone Number		Terminal Leave Date
Present Address				
Retirement Address				
Do you wish to take part in a Retirement <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you plan to take terminal leave - what is the latest end of month Retirement Ceremony you wish to attend?				
Do you want an invitation extended to your immediate superior and/or fellow workers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Immediate Superior			Title	
Address of Unit of Office				
<b>NOTE: UNIFORM (MANDATORY FOR PARTICIPANTS): CLASS A WITH ALL AWARDS AND DECORATIONS.</b>				